

02/14/02  
JCT:882 U.S. PTO

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PTO/SB/05 (03-01)

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>SCEISZ 3.0-120</b>
		First Inventor <b>Akio Ohba</b>
		Title <b>ELECTRONIC MAIL SYSTEM AND, etc.</b>
		Express Mail Label No. <b>EL804517327US</b>
(Only for new nonprovisional applications under 37 CFR 1.53(b))		

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS</b>	
See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification      [Total Pages <b>26</b> ]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets <b>9</b> ] 5. Oath or Declaration      [Total Pages <b>  </b> ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <b>Unexecuted Declaration</b>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

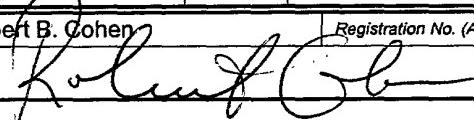
Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 000530		or <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Robert B. Cohen	Registration No. (Attorney/Agent)	32,768
Signature			
Date	February 14, 2002		

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 992.00)

## Complete if Known

Application Number	Not Yet Assigned
Filing Date	
First Named Inventor	Akio Ohba
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	SCEISZ 3.0-120

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number 12-1095

Deposit Account Name Lerner, David, Littenberg,  
Krumholz & Mentlik, LLP

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

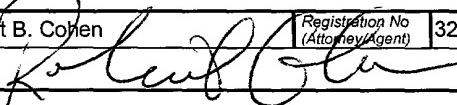
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0.00)

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Robert B. Cohen	Registration No (Attorney/Agent)	32,768	Telephone	(908) 518-6316
Signature				Date	February 14, 2002